

UTILITY PATENT APPLICATION TRANSMITTAL

□ DUPLICATE

Address to:
 Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Attorney Docket No.
 First Named Inventor
 (or identifier)
 Total Pages

KARA3003/JEK/JJC
 Gudjon G. KARASON
 24


Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **PROSTHESIS SOCKET DIRECT CASTING DEVICE HAVING MULTIPLE COMPRESSION CHAMBERS**

- 1. Submitted herewith are the following:
 - 15 pages of specification.
 - Abstract.
 - 3 sheet(s) of drawings.
 - 7 claim(s).
 - Oath/Declaration signed by each inventor.
 - Application Data Sheet.
 - Preliminary Amendment.
 - Information Disclosure Statement(s).
 - pages of Form PTO-1449, and one copy of each document listed thereon.
 - Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.
 - certified copy of application no. _____ filed in _____. Priority is claimed.
 - check in the amount of \$ 810.00 including any assignment recordal fee.
- 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.
- 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.
- 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number _____ filed _____. - -
- 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number _____ filed _____. - -
- 6. Other: _____

15535 U.S. PTO
 10/679487
 10/07/03

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.

THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$770.00	
Total Claims:	7	- 20 =	0	X \$18 =		
Independent Claims:	2	- 3 =	0	X \$86 =		
Correspondence Address: <div style="font-size: 1.2em; font-weight: bold;">23364</div> Customer Number				Multiple Dependent Claim (add \$290.00):		
				Subtotal:		\$770.00
				50% Reduction if Small Entity Status:		
Phone: 703-683-0500		Fax: 703-683-1080		Total:	\$770.00	
Dat :	Name:		Signature:		Reg. N .	
10/07/03	JUSTIN J. CASSELL				46,205	

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